



GOVERNMENT ON THE GO BUS REQUEST

DATE: _____

TIME: _____

LOCATION: _____

CONTACT: _____

DEPARTMENT: _____

PHONE #: _____

FAX #: _____

E-MAIL: _____

EVENT DETAILS: _____

This form is to be returned to Maria De La Milera, Team Metro, as follows:

Fax: (305) 372-6386 or e-mail: mdm1@miamidade.gov

FOR TEAM METRO USE:

Scheduled: _____

Confirmed: _____